ARMED FORCES EPIDEMIOLOGICAL BOARD
5109 LEESBURG PIKE
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December 19, 2005

Armed Forces Epidemiological Board

MEMORANDUM FOR The Honorable William Winkenwerder, Jr., MD, Assistant Secretary of Defense for Health Affairs (ASD(HA))

SUBJECT: Chlamydia Screening of New Military Accessions

1. Last January, Dr. Stephen Ostroff, the prior Armed Forces Epidemiological Board (AFEB) President, wrote you requesting your assistance in addressing the Board's concerns regarding the military services in approaches to Chlamydia screening. This issue is of long standing importance to the AFEB. Despite clear evidence that screening and treatment of Chlamydia infection is a cost-effective preventive health measure, there are continued reports of substantial infections rates among military service members. The Board has repeatedly advocated for policies to help prevent and control chlamydia infection. On behalf of the Board, I am writing requesting your continued attention to this issue.

2. In his January 2004 letter, Dr. Ostroff advocated for a consistent approach to Chlamydia screening at all basic military training centers across the Department. At that time, the Navy and Marines were leading the way by conducting screening for both males and females at Navy centers and for females at Marine boot camps.

3. In September 2005, the Board received a series of briefings from Service preventive medicine representatives updating information regarding the Chlamydia screening policies and practices. The Board was encouraged to hear that all Service policies were consistent with both the Department Directives and the AFEB's 1999 and 2009 recommendations. Further, the Air Force reported that they were ready to implement Chlamydia screening in recruit training at Lackland AFEB, Texas. The Board was also briefed on a study that showed decreasing rates of Chlamydia infection among both male and female military members at locations where screening was implemented.

4. Along with these reports, the Board was also presented with preliminary findings that question the efficacy of basic training Chlamydia screening in preventing the most severe adverse effects from infections; pelvic inflammatory disease (PID) and ectopic pregnancy (EC). While the study was limited in scope and detail, the results indicated recruit Chlamydia screening, in the absence of well managed reproductive health programs, including annual Chlamydia testing for high risk age-group females, yielded little or no reduction in PID and EC. Importantly, the study showed the incidence PID and EC in active duty women is 2 to 5 times that of the civilian women.

5. Service Chlamydia screening policies are consistent with United States Public Health Task Force recommendations and DoD Directive; however, **compliance** within the Department is a problem. Based on medical chart reviews and focused DoD studies, annual Papanicolaou screening for active women 24 years of age and younger are near Health Plan Employer Data and Information Set (HEDIS®) national average rates, but Chlamydia screening rates in this population are approximately 30 percent. The Board is informed that more comprehensive and reliable data on Chlamydia screening rates within DoD is not available due to inconsistencies in how these data are entered into CHCS at different military treatment facilities.

6. Based on the information presented to the Board, we request your assistance in addressing the AFEB's concerns regarding Chlamydia screening; particularly among active duty women 24 years of age and younger. The Board recommends that DoD consider the following action:

a. Complete a comprehensive, well-designed study to assess the efficacy and cost-effectiveness of Chlamydia screening in basic training centers. Based on the information provided to the Board, the data for such a study are already largely available. Given the differences in basic training Chlamydia screening practices among the military Services, it should be possible to determine on an individual female service member basis, the degree of protection from the consequences of chlamydia infection attributable to basic training screening alone versus the protection afforded through annual chlamydia testing as part of a reproductive health program or by both together.. Board members are willing to help design such a study.

b. Initiate action to ensure compliance with DoD and Service policies for Chlamydia screening. The Board understands that Chlamydia testing compliance is currently not tracked because of problems getting the data from military treatment facilities. The Board believes that the reported prevalence of Chlamydia infection among DoD beneficiaries and the resultant adverse health outcomes represents a problem sufficient to warrant the effort required to implement monitoring of screening rates and enforce accountability at appropriate levels.

c. Assess the effectiveness of male chlamydia screening options. Studies of military members with sexually transmitted disease have shown that their partners are most likely also military members. DoD's progress in implementing policy replacing periodic physical examination with preventive/occupational health assessments may represent an opportunity to further examine this option to help control Chlamydia infection.

7. The Board would be happy to discuss this issue at your convenience. We stand ready to assist in helping to protect the health of the military force.

Gregory A. Poland, M.D.
President

cc:

DASD(FHP&R
DASD(C&PP)
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force